

Individual Home Help Provider Address Modification



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Table of Contents



MiLogin and CHAMPS



Step 1: Provider Basic Information



Step 2: Locations



Step 13: Complete Modification Checklist



Step 14: Submit Modification Request for Review



Provider Resources

MiLogin and CHAMPS

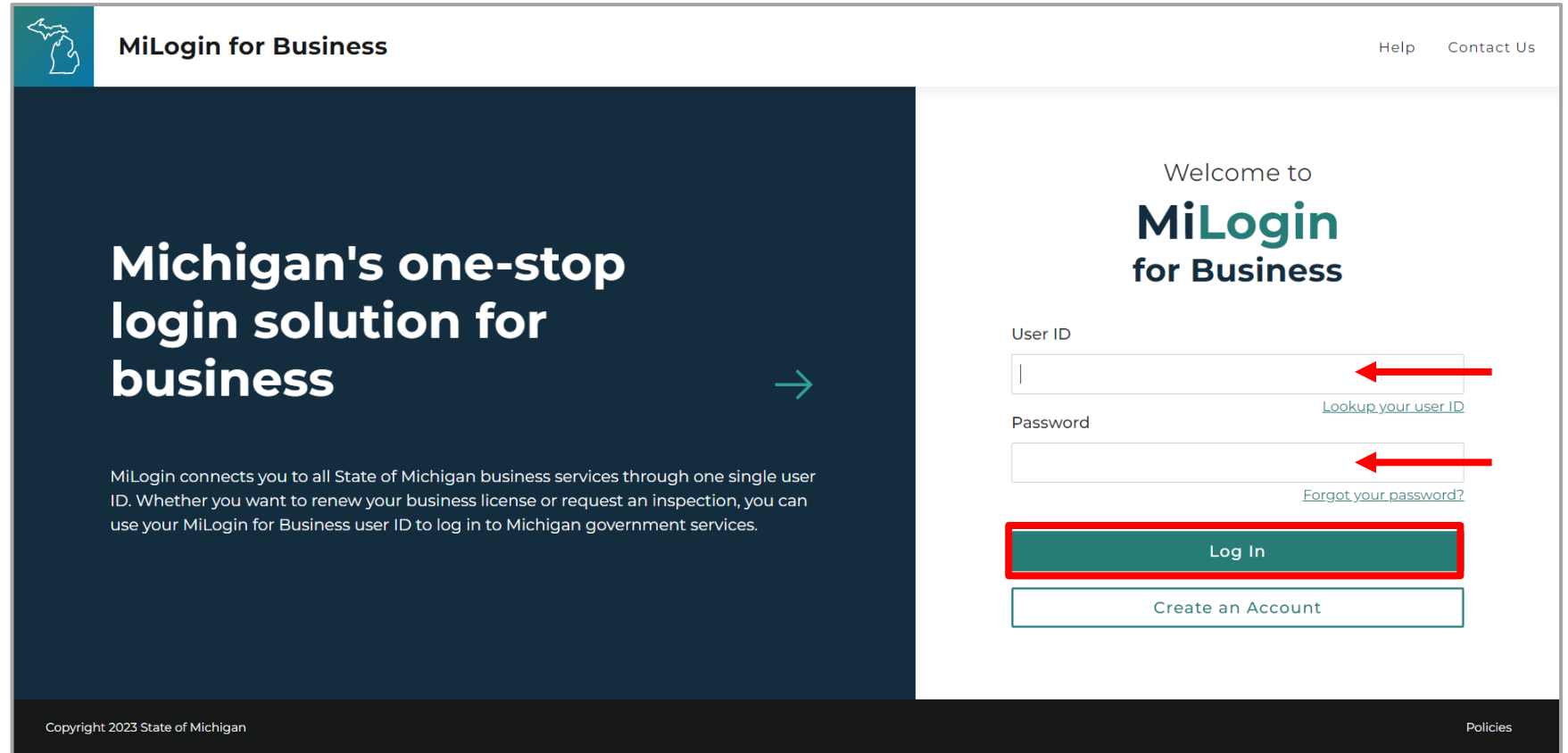
MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users needing access to CHAMPS's information must obtain a MiLogin User ID and Password.

CHAMPS (Community Health Automated Medicaid Processing System) is the MDHHS application where providers enroll, update provider enrollment information, and report services performed.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
 - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"



The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with links for "Help" and "Contact Us". The main content area is split: the left side has a dark blue background with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right; the right side is white and contains the login form. The form includes fields for "User ID" and "Password", each with a red arrow pointing to it. Below the "User ID" field is a link "Lookup your user ID", and below the "Password" field is a link "Forgot your password?". At the bottom of the form are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer shows "Copyright 2023 State of Michigan" and a "Policies" link.

MiLogin for Business

Help Contact Us

Welcome to
MiLogin
for Business

User ID

Lookup your user ID

Password

Forgot your password?

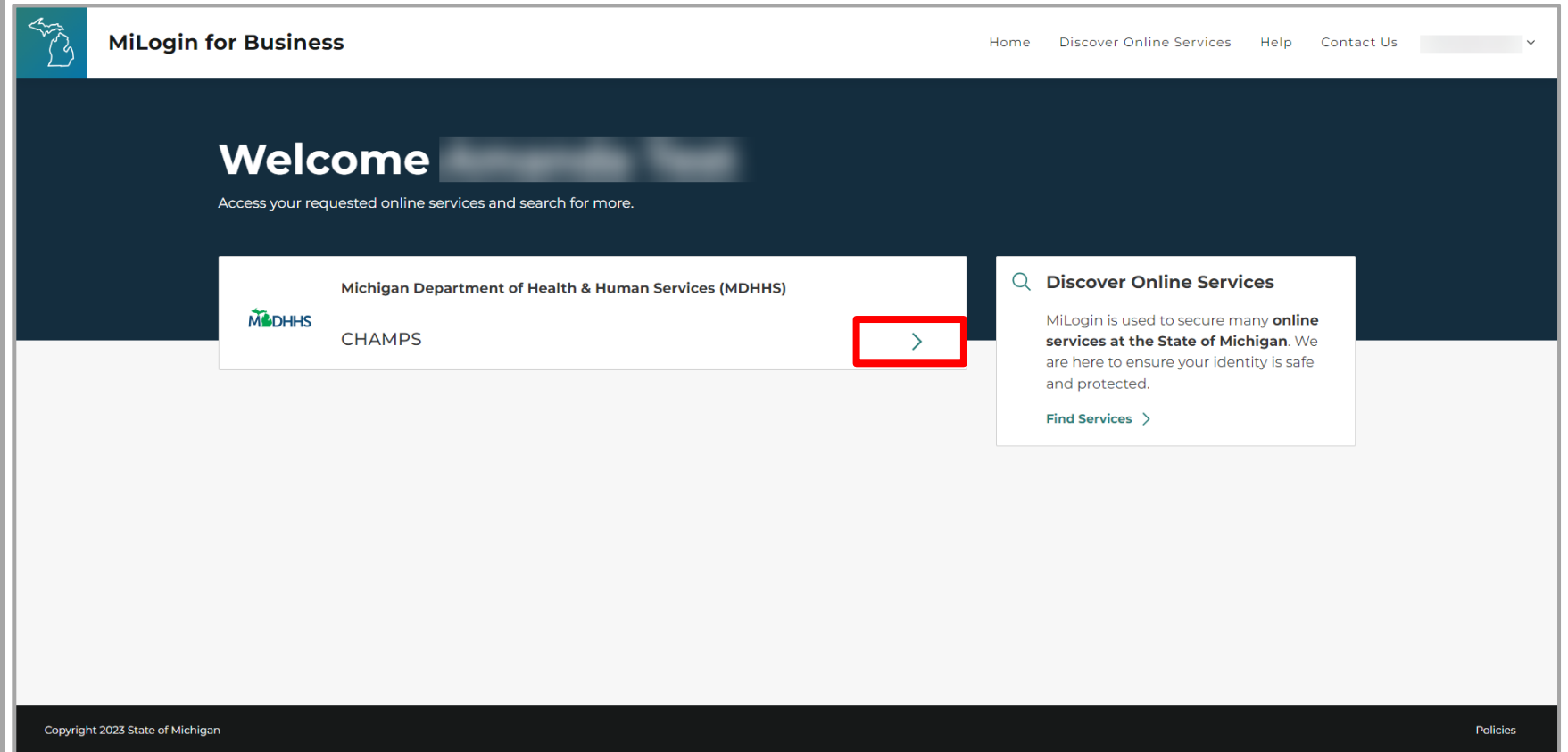
Log In

Create an Account

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- You will be directed to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.



MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

MiLogin for Business

Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

Please accept the Terms and Conditions to continue:

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

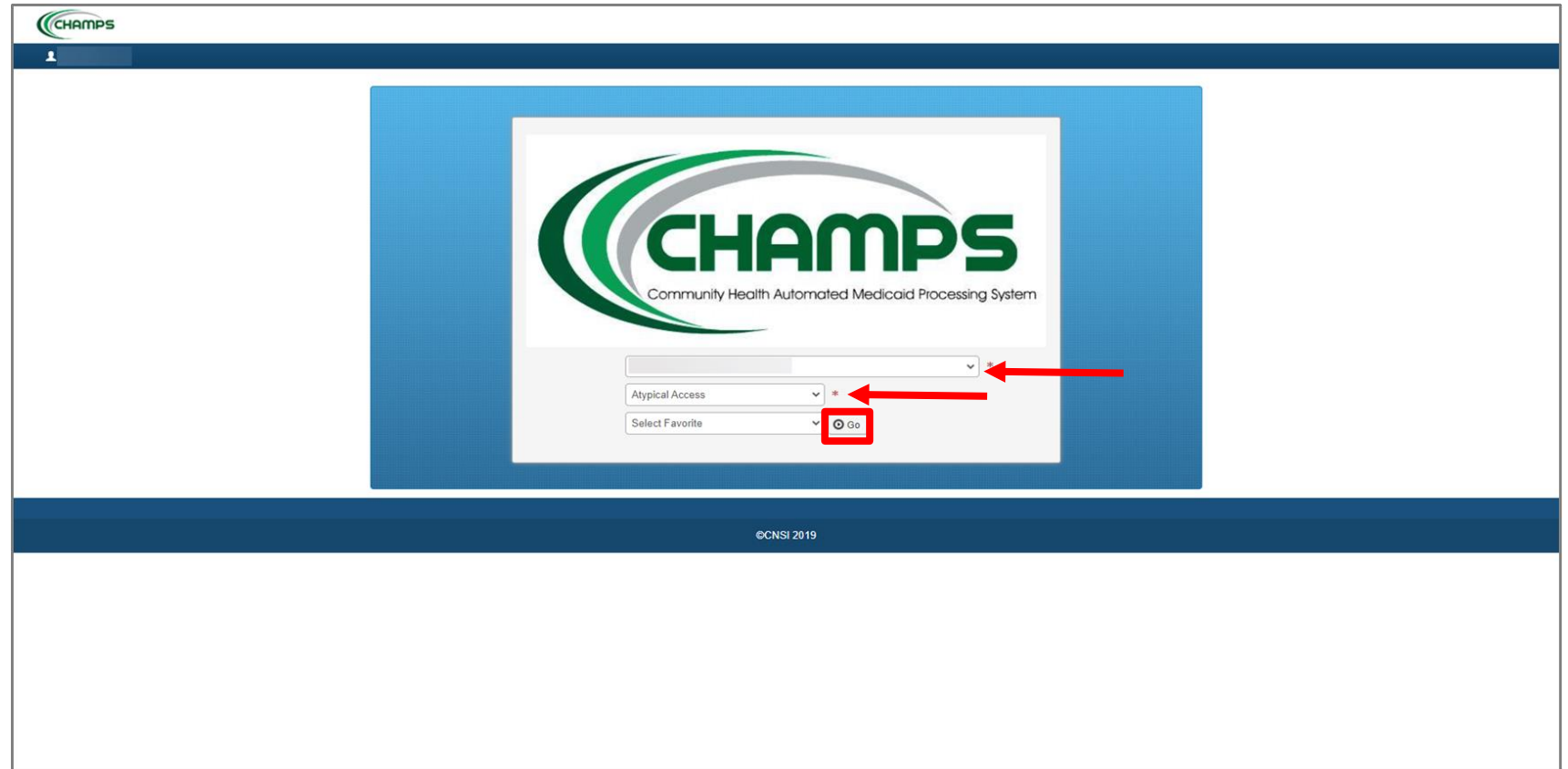
☒ I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- The Provider ID and Name will show in the top drop-down menu
- In the Select Profile drop-down menu, select Atypical Access
- Click Go



The screenshot shows the CHAMPS login page. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" underneath. Below the logo is a login form with three dropdown menus: a top menu for Provider ID and Name, a middle menu for "Atypical Access", and a bottom menu for "Select Favorite". To the right of these menus is a "Go" button, which is highlighted with a red square. Three red arrows point to the dropdown menus and the "Go" button. The footer of the page displays "©CNSI 2019".

Step 1: Provider Basic Information

This step should be completed by Providers who are trying to end an association to an Agency.

Step 4: Associate Billing Provider / Other Associations

- Click the Provider drop-down menu
- Select Manage Provider Information

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' dropdown menu is open, showing options: PROVIDER ENROLLMENT (New Enrollment, Track Application), MANAGE PROVIDER (Manage Provider Information), and ELECTRONIC SERVICE VERIFICATION (ESV) (ESV Member List). A red arrow points to 'Manage Provider Information'. The main content area shows a 'No Records Found!' message. On the right, there is a calendar for January 2023.

Calendar: 2023 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Step 1: Provider Basic Information

- Click Step 1: Provider Basic Information

My Inbox

Provider

Last Login:

Note Pad

External Links

My Favorites

Print

Help

Provider Portal > Atypical Individual Modification

Provider ID:

Name:

Close

Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 2: Educations	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/13/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	07/09/2018	07/09/2018	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	09/10/2021	09/13/2021	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	09/10/2021	09/13/2021	Complete		

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

Step 1: Provider Basic Information

- Review all required information, as indicated with an asterisk (*), to ensure accuracy.
- Update the Home Address Details Line 1 and Zip Code.
- Click Validate Address.
 - A blue message will appear after the validate address button is clicked saying address validation is successful.
- Click OK

Print Help

Provider ID: Name:

Provider Details

First Name: * Middle Initial:

Last Name: * Gender: *

Suffix: Vendor ID:

SSN: Applicant Type: Atypical Individual/Sole Proprietor

Date of Birth: *

Please check this box if you are an individual business: ☐ Business

EIN/TIN: Legal Entity Name:

NPI: Contact Email Address:

Business Status: Active Email-1: * Email-2:

Status: Approved Email-3: Email-4:

Business Elig.Date Range: Email-5: Email-6:

Revalidation Period:

Home Address Details

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Line 1: * (Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3: City/Town: *

State/Province: * County: *

Country: UNITED STATES * Zip Code: * - * Validate Address

Ok Cancel

Step 2: Locations

- Note that Step 1 Modification Status has changed to updated.
- Click Step 2: Locations

CHAMPS My Inbox Provider

Last Login: 10 FEB, 2023 11:22 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/10/2023	07/09/2018	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/13/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	07/09/2018	07/09/2018	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	09/10/2021	09/13/2021	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	02/10/2023	09/13/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

Step 2: Locations

- Click on Primary Practice Location

My Inbox

Provider

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Atypical Individual Modification

Provider ID:

Name:

Close

Add

To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
	Primary Practice Location		01/04/2018	12/31/2999	Approved	Active	

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

Step 2: Locations

- Click the Correspondence hyperlink from the address type column.
- Please Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions on how to update your Primary Pay To address, please [click here](#).

CHAMPS

My InboxProvider

Note PadExternal LinksMy FavoritesPrintHelp

Provider Portal > Atypical Individual Modification

Provider ID:Name:

CloseSave

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:Location Code: 01Location Type: Primary Practice Location

Phone Number: * Extn:Fax Number:Email Address:

Web Page:Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	08:00 *	AM PM	05:00 *	AM PM	Thursday:	08:00 *	AM PM	05:00 *	AM PM
Monday:	08:00 *	AM PM	05:00 *	AM PM	Friday:	08:00 *	AM PM	05:00 *	AM PM
Tuesday:	08:00 *	AM PM	05:00 *	AM PM	Saturday:	08:00 *	AM PM	05:00 *	AM PM
Wednesday:	08:00 *	AM PM	05:00 *	AM PM					

Handicap Accessible: NoAccept 835(reported at EIN/TIN level): NoLanguage(s) Spoken: EnglishArabicChineseStart Date:End Date: 12/31/2999Status: Approved

Address List

Add Address

Filter ByFilter ByAnd Operational StatusActiveGoSave FiltersMy Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Location		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		01/04/2018	12/31/2999	Approved	Active	

Step 2: Locations

- Update the Address Line 1 and Zip Code.
- Click Validate Address
 - A blue message will display stating "Address Validation Successful".
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface for managing a provider's location address. The form is titled "Manage Provider Location Address" and includes the following elements:

- Top Navigation:** CHAMPS logo, "My Inbox", and "Provider" tabs. A user profile icon is on the left, and "Note Pad", "External Links", "My Favorites", "Print", and "Help" are on the right.
- Breadcrumbs:** "Provider Portal" > "Atypical Individual Modification".
- Form Fields:**
 - Provider ID:** [Text Field]
 - Name:** [Text Field]
 - Buttons:** "Close" and "Save" (both highlighted with red boxes).
 - Type of Address:** "Correspondence"
 - Status:** "Approved"
 - End Date:** "12/31/2999" with a calendar icon.
 - Instructions:** "If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)"
 - Address Line 1:** [Text Field] (highlighted with a red box)
 - Address Line 2:** [Text Field]
 - Address Line 3:** [Text Field]
 - State/Province:** "MICHIGAN" (dropdown menu)
 - Country:** "UNITED STATES" (dropdown menu)
 - City/Town:** [Text Field]
 - County:** [Text Field]
 - Zip Code:** [Text Field] (highlighted with a red box)
 - Validate Address:** [Button] (highlighted with a red box)
- Message:** "Address validation successful" (blue text, highlighted with a red arrow pointing to it)

Step 2: Locations

- Notice there are now two rows for the correspondence address, one that is approved and one that is in review.
- Follow the same steps to change the Location Address.
- After both addresses have been updated, click Save, then click Close.

CHAMPS < My Inbox > Provider >

Provider Portal > Atypical Individual Modification

Provider ID: _____ Name: _____

to add additional addresses, click "Add Address" button.

Location Details

Doing Business As: _____ Location Code: 01 Location Type: Primary Practice Location

Phone Number: _____ * Extn: _____ Fax Number: _____ Email Address: _____

Web Page: _____ Communication Preference: _____

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	08:00	AM	05:00	PM	Thursday	08:00	AM	05:00	PM
Monday	08:00	AM	05:00	PM	Friday	08:00	AM	05:00	PM
Tuesday	08:00	AM	05:00	PM	Saturday	08:00	AM	05:00	PM
Wednesday	08:00	AM	05:00	PM					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English

(For Multiple Selection, use Ctrl Key)

Start Date: _____ End Date: 12/31/2999 Status: Approved

Address List

Filter By: _____ Filter By: _____ And Operational Status: Active

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Correspondence		01/05/2023	12/31/2999	In Review	Active	
<input type="checkbox"/> Location		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		01/04/2018	12/31/2999	Approved	Active	

Step 2: Locations

- Notice there are now two Primary Practice Location types listed, one with a status of Approved and one with a status of In Review.
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, the 'Provider ID' and 'Name' fields are visible. A 'Close' button is highlighted with a red box. Below the 'Close' button, there's a message: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The main section is titled 'Locations List'. It contains a table with columns: 'Doing Business As', 'Location Type', 'Location Details', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. There are two rows of data. The first row has 'Primary Practice Location' as the Location Type and 'In Review' as the Status. The second row has 'Primary Practice Location' as the Location Type and 'Approved' as the Status. A red arrow points to the 'Primary Practice Location' link in the first row. At the bottom of the table, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. There are also navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
	Primary Practice Location		01/04/2018	12/31/2999	In Review	Active	
	Primary Practice Location		01/04/2018	12/31/2999	Approved	Active	

Step 13: Complete Modification Checklist

- Note that Step 2 Modification Status has changed to updated.
- Click Step 13: Complete Modification Checklist

CHAMPS My Inbox Provider

Last Login: 10 FEB, 2023 11:22 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/10/2023	07/09/2018	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	09/07/2022	07/09/2018	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/13/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	07/09/2018	07/09/2018	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	09/10/2021	09/13/2021	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	09/07/2022	09/13/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

Step 13: Complete Modification Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column. Enter comments in the Comments box as needed.
- Click Save
- Click Close

The screenshot displays the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a breadcrumb trail shows 'Provider Portal > Atypical Individual Modification > Provider Check List'. The main form area is titled 'Manage Provider Checklist'. It includes a 'Provider ID' field and a 'Name' field. A red box highlights the 'Close' and 'Save' buttons. The checklist consists of several questions, each with a corresponding 'Answer' dropdown menu and a 'Comments' text box. A red box highlights the 'Answer' column, showing that all dropdown menus are currently set to 'Not Completed'. The questions include:

- Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)
- If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?
- Do you want your name removed from our Provider Registry?
- Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.
- Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.
- Have you ever had any criminal convictions? If yes, please tell us what for?
- Are you providing services as a Business? If yes, what is the name of the business.
- What county do you plan to work in?
- What is the name of the Adult Services Worker (Clients Caseworker) you are working with? Please include their first and last name.
- Are you a Medicare certified home health agency?
- I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.
- I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.
- All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?
- Do you have a client you plan to work for? If yes, what is your clients name?

At the bottom of the form, there are fields for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Previous', 'Next', and 'Last' are also present.

Step 14: Submit Modification Request for Review

- Please note: Step 13 Modification Status has changed to Updated.
- Click Step 14: Submit Modification Request for Review

CHAMPS

My Inbox Provider

Last Login: 10 FEB, 2023 11:21 AM

Provider Portal Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/10/2023	06/15/2020	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	06/15/2020	06/15/2020	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	02/10/2023	06/15/2020	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	02/10/2023	06/15/2020	Incomplete		

Viewing Page: 1


View Page: 1 Go Page Count Save to Excel

Modification Request has not been Submitted.

First Prev Next Last

Step 14: Submit Modification Request for Review

- Click Next



My Inbox

Provider

Provider ID:

Name:

Close

Next

Final Submission

Provider ID:

EnrollmentType: Atypical Individual Provider

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.
I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

Step 14: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box at the bottom of the page to acknowledge and agree to the Terms and Conditions.
- Click Submit for Modification agreeing that all the information in the application is correct.
 - Once submitted to the State for review, changes cannot be made to the information.

CHAMPS

My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Submit for Modification

13. To commit, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on board person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt and then only as allowed by state law).

14. To provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition.

15. To provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.

16. To act in a professional manner at all times while providing services.

17. To be clean and maintain a neat appearance at all times.

18. To be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.

19. To limit review of any confidential rider information to the minimum information necessary to provide the service.

20. To only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).

21. To not to retain any original or copy of any document rider shares with you for purposes of transport.

22. To not to retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.

23. To report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.

24. To return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.

25. To never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.

26. Not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.

27. Comply with any other agreements driver has entered into with respect to this program.

28. Respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

☐ By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.

Step 14: Submit Modification Request for Review

- Your request has been submitted. Notice the Modification Status has changed to "In Review".
- Click Close and Logout.
- The modification is approved when the Modification Status column shows blank again.

CHAMPS My Inbox Provider

Last Login: 10 FEB, 2023 11:21 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request.

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/10/2023	06/15/2020	Complete	In Review	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	06/15/2020	06/15/2020	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	02/10/2023	06/15/2020	Complete	In Review	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	02/10/2023	06/15/2020	Complete		

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

Please note:

- An address change is considered a Modification.
- Last Review Date will be the date approved in steps that were showing "In Review" status.
- Optional steps may be displayed as Incomplete.

Provider Resources



MDHHS Home Help Provider website:
www.Michigan.gov/HomeHelp



Provider Support:

ProviderSupport@Michigan.gov

1-800-979-4662



**Thank you for participating in the Michigan
Medicaid Program**